Substitute for form 1449A/PTO		Complete if Known			
INFORMATION DISCLOSURE			SELIDE	Application Number	10/519,203
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STATEMENT BY APPLICANT				First Named Inventor	Ben BISHOP
(use as many sheets as necessary)			arv)	Art Unit	3641
,,		,	Examiner Name	Stephen Johnson	
Sheet	1	of	1	Attorney Docket Number	7081P003

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Examiner Initials*	Cite No.'	Document Number Number - Kind Code ² (if known)	Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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